HEALTH CARE INSURANCE
Inpatient Medical Claim Form

Jubilee HEALTH INSURANCE

For Office Use Only

Registeration No.		Document No.		Policy No.		Issue Count	

Section A- To be filled in by the Claimant/Patient

1. Name of the Company / Policy Holder
2. Name of the Claimant

(State the full & correct name in which cheque has to be prepared in case of reimbursement, if the beneficiary is an employee)

3. Name of the Claimant's Father / Spouse
4. Full Address of Claimant
5. Full Name of the Patient
6. Date of Birth of Patient ☐☐/☐☐/☐☐☐☐ ☐ MALE ☐ FEMALE
7. CNIC No. ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
8. Policy Number ____ Certificate #: ____ Phone Number: ____
9. Patient's Relationship to Claimant ☐ Employee ☐ Dependent Total Amount Claimed in Rs. : ____
10. State the nature of illness/injury/Medical Condition
11. State the date at which symptoms first occur
12. The Patient last working day
13. Name the hospital from where the treatment has been taken for present condition
14. Address of the hospital
15. Name of the Doctor
16. If we require an independent medical examination at which address the patient would be located:

I, the above claimant, certify that all answers and all documents submitted with the form are complete and true to the best of my knowledge and beleif. I, hereby authorize any doctor, hospital clinic, medical provider, company, institution or any other person who has any record/information about me or my family members to provide Jubilee Health Insurance for this claim. Any photocopy of this declaration/authorization shall be taken as original copy

Signature of the patient (If the patient is under 18 (minor) the claimant should sign)	Signature & stamp of the Employer	Date (dd/mm/yyyy)

To be filled in case of Reimbursement if the beneficiary is an employee

Bank Name with Branch Name	
Location of Branch	
Bank Account number	

Section B- To be filled in by the treating Doctor

1. Name of the Patient
2. How long you have been patient's doctor?
2a. Source of admission Emergency ☐ Elective/Planned ☐ Other ☐
2b. Patient Registerd as Inpatient ☐ Outpatient ☐
3. Since how long the patient is suffering from the present medical condition? Please state the exact date & year
4. What is you diagnoses regarding injury/illness/medical condition?
5. Please provide brief detail of surgical, Gynaecological or Obstetrical procedure performed (if any)
6. Please tick the appropriate regarding the disease

☐ CONGENITAL ☐ INFERTILITY ☐ PSYCHIATRIC ILLNESS ☐ COSMETIC ☐ SUICIDE ☐ CONTRACEPTIVE ☐ OTHERS

7. Please provide brief detail of treatment given or prescribed:
8. Has the patient ever suffered from or been treated for the same or related medical condition? If yes please brief details with dates
9. In case of Maternity claim please state expected date of deilvery:
10. In case of Casarian Section, please specify its medical necessity:
11. The date you were first consulted for this condtion:

I hereby certify that my answers to the above questions are correct and true to the best of my knowledge and beleif:

Name of the Doctor:

Address of the Doctor:

Phone Number: Date:

NOTE: Providing correct information is the responsibility of consultant & patient both. In case a material difference is found in inpatient Claim Form and Final Discharge Summary, then the payment of hospitalization expense would be the responsibility of consultant & patients

Physician Signature | Physician's Stamp | Patient's Signature

HOW TO GO ABOUT MAKING A CLAIM

EMERGENCY CASES: In event of an Emergency the patient could rush to any hospital whether it is part or not of panel of Jubilee Health Insurance. In case of NON-PPN Hospital, the charges incurred by the insured will be reimbursed in line with the rates of panel Hospitals/Reasonable and Customary charges. All Original Documents related to hospitalization which includes duly filled Inpatient Claim Form part A & B, Original itemized bill/invoice on Hospital bill book, Discharge card/Clinical summary & diagnostic reports, copy of Jubilee Health Insurance's Health Card, Doctors prescriptions, original payment voucher/payment receipts, copy of hospital/municipality birth certificate in case of maternity claim, any other relevant documents should be sent to Jubilee Health for reimbursement.

If the treatment is availed from NON-PPN Hospital, the charges incurred by the insured will be reimbursed in line with the rates of panel Hospitals/Reasonable and Customary charges.

NON-EMERGENCY CASES: While going for NON-EMERGENCY Treatment e.g. Planned Surgeries or Hospitalization where treatment is to avail from PPN Hospital, the insured has to take prior approval from Jubilee Health by filling PART A of the Claim Form and PART B duly filled by the treating doctor. The Claim form along with supporting documents for hospitalization should be send to Jubilee Health for approval. The Credit Letter valid for 30 DAYS, will be issued to the concern Hospital and the same will be sent to the Claimant. The Claimant will present the Credit Letter at the time of hospitalization. All bills for Hospitalization will be settled directly by Jubilee Health. No cash payment would be required from the patient except for non-medical items such as water bottles, pampers etc. If the treatment is availed from NON-PPN Hospital, the charges incurred by the insured will be reimbursed, as per the policy terms and conditions. All Original Documents related to hospitalization which includes duly filled Inpatient form Part A & B, Original Itemized bill/invoice on Hospital bill-book, Discharge card/Clinical summary & diagnostic reports, copy of Jubilee Health Card, Doctor's prescriptions, original payment voucher/payment receipts, copy of hospital/municipality birth certificate in case of Maternity Claim, any other relevant documents should be sent to Jubilee Health for reimbursment.

PLEASE NOTE: Incomplete Claim Forms would not be accepted for processing of payments.
All original documents should be attached with the claims. Photocopies are not acceptable.

Following Jubilee Health Insurance offices will be available on working days to assist you

KARACHI (HEAD OFFICE)	LAHORE:	RAWALPINDI:
74/1-A, LALAZAR, M.T. KHAN RAOD, P.O. BOX NO. 4895, KARACHI-74000, PAKISTAN. TEL: 021-35205095 FAX: 021-35611349, 35610959	2ND AND 3RD FLOOR, TUFAIL PLAZA, 56 SHADMAN 1, POST OFFICE SHADMAN, LAHORE. TEL: 042-35843612-19 FAX: 042-35841913	DD-79, ASAD PLAZA, SHAMSABAD, MAIN MUREE ROAD, RAWALPINDI. TEL: 051-4602900

Jubilee Health Insurance
Corporate Office, 2nd Floor, PNSC Building, Lalazar, M.T. Khan Road, Karachi - 74000, Pakistan
Phone: (021) 38114000, 35657885 Fax: (021) 35611349, 35644315
Email: info@jubileehealth.com